

To Whom It May Concern,

I am writing to request that the official foreign policy of the United States in the case of Baby L be to "make every effort to bring her to the United States." In any decision affecting her, that "the best interest of the child" be the primary factor considered by all United States (U.S.) personnel, and that "every effort be exhausted to secure her safety." To accomplish this intent, a waiver of jurisdiction in favor of the U.S. should be obtained diplomatically. At a minimum, permission for Baby L to travel to the U.S. for her long-term medical treatment should be secured. Any potential claimant of the child should be DNA tested and vetted by U.S. personnel given the risk of child trafficking and danger of [REDACTED] groups being targeted throughout the region.

This policy is appropriate in light of the actual evidence regarding Baby L origin, the nature of her [REDACTED] and the significant risk of her becoming a victim of child sex trafficking, physical abuse, and severe neglect given the State Department's (DoS) [REDACTED] and other credible reports from the Department of Labor (DoL) and other institutions on the realities of the [REDACTED]/orphanage system.

As background on her origin, injuries, and the risk she faces, Baby L [REDACTED] when she was approximately [REDACTED] old. The evidence indicates that Baby L is [REDACTED]. Consequently, Baby L is almost certainly a non-[REDACTED] stateless minor who was recovered by U.S. forces from a district that is not under the control of the [REDACTED] government. There is no recognized government or judicial system in that district.

This conclusion is based on over 140 pages of classified documents related to the mission where Baby L was recovered, a declassified summary of that mission, and open source reporting on [REDACTED] families entering [REDACTED]. It is also the conclusion [REDACTED] Baby L [REDACTED] (Enclosure 1).

Based on this evidence, a [REDACTED] court granted my wife and I full legal custody of Baby L under the Uniform Child Custody Enforcement and Jurisdiction Act (UCCJEA), and the unique circumstances surrounding Baby L origin and injury (Enclosure 2). Thus, Baby L is my legal ward, she has a legal identity through a U.S. Record of Foreign Birth, she has been approved as a [REDACTED], and has been enrolled in the [REDACTED] program (Enclosure 3).

Most importantly, Baby L has an assigned Pediatrician at the [REDACTED] Children's Hospital who specializes in screening international children, and can refer Baby L to the Pediatric Neurology, Therapy, and Pediatric Imaging clinics at [REDACTED] for Baby L long-term medical treatment. Dr. [REDACTED], Baby L physician, has prepared a treatment plan based on Baby L medical needs and the nature of her injuries as outlined below (Enclosure 4).

Specifically, [REDACTED] Baby L [REDACTED] The Americans on scene refused to leave a [REDACTED] infant alone to die on the [REDACTED] and Baby L has been in the care of U.S. medical personnel since she was recovered (Enclosure 5).

EXHIBIT L

Over the past four months, dozens of service members have invested time, effort, and love in ^{Baby L} [REDACTED]. No one wants to see a baby who has been through so much placed in an inherently dangerous situation, especially when there is a path to the United States in place. In fact, when President Trump visited [REDACTED] many of these servicemembers were trying to find the President on [REDACTED] to tell him about Baby L and ask him to intervene on her behalf. This letter is intended to further those efforts, and secure a safe and bright future for an innocent child that has already suffered enough.

Given her medical needs, the deplorable conditions of orphanages in [REDACTED] and the fact that [REDACTED] and that [REDACTED] every servicemember who knows Baby L is very concerned for her welfare if she is not brought to the U.S. (DoS, 2019 p. 59, DoL 2018, p. 103).

Please help us protect Baby L. My family and I currently reside in ^{Home County} [REDACTED] Congressional District, and are Represented in Congress by Representative [REDACTED], who I have asked for assistance in bringing ^{Baby L} case to appropriate authority for consideration (Enclosure 6).

Sincerely,
DOE 1 and DOE 2

References

Department of State (2019). [REDACTED] f

Department of Labor (2018). [REDACTED] f

See also:

Department of State (2018). [REDACTED] f

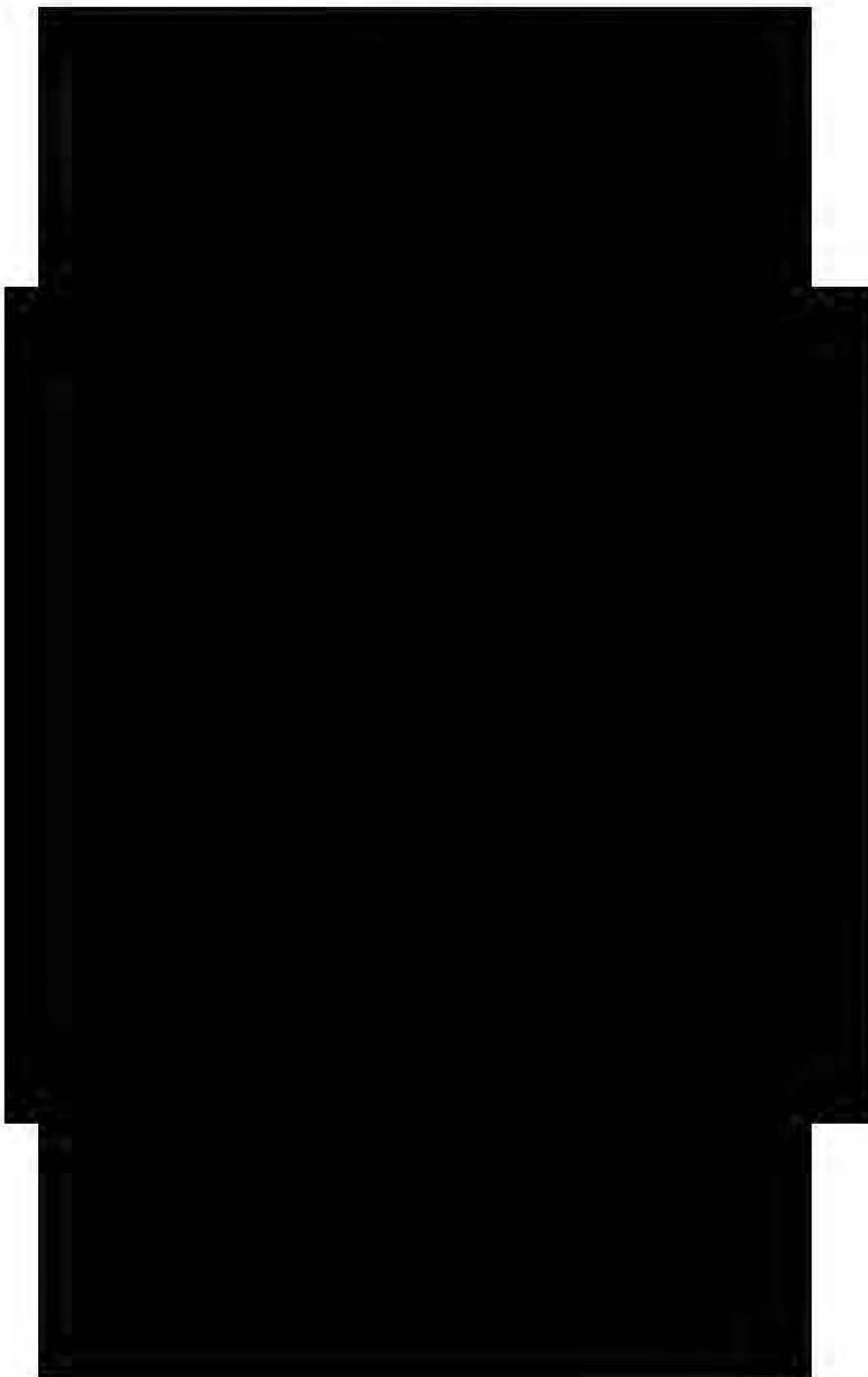
[REDACTED] f

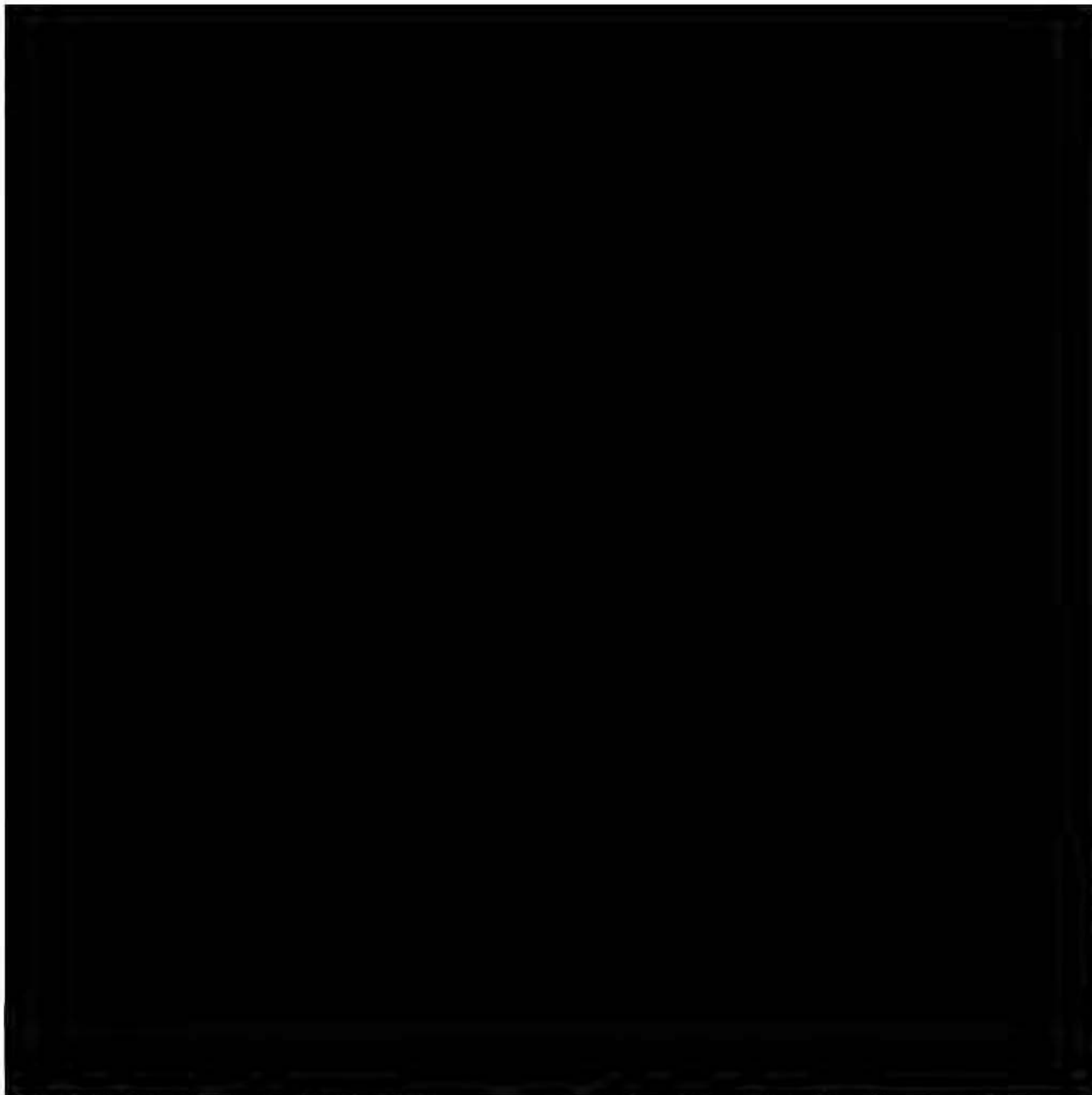
United Nations International Children's Assistance Fund (UNICEF) (2018). [REDACTED] f

United Nations Human Rights Council (UNHCR) (2018). [REDACTED] f

Save the Children (2017). [REDACTED] f

Business Insider (2015). [REDACTED] EXHIBIT 1





SEAL
SEAL

ENCLOSURE 1

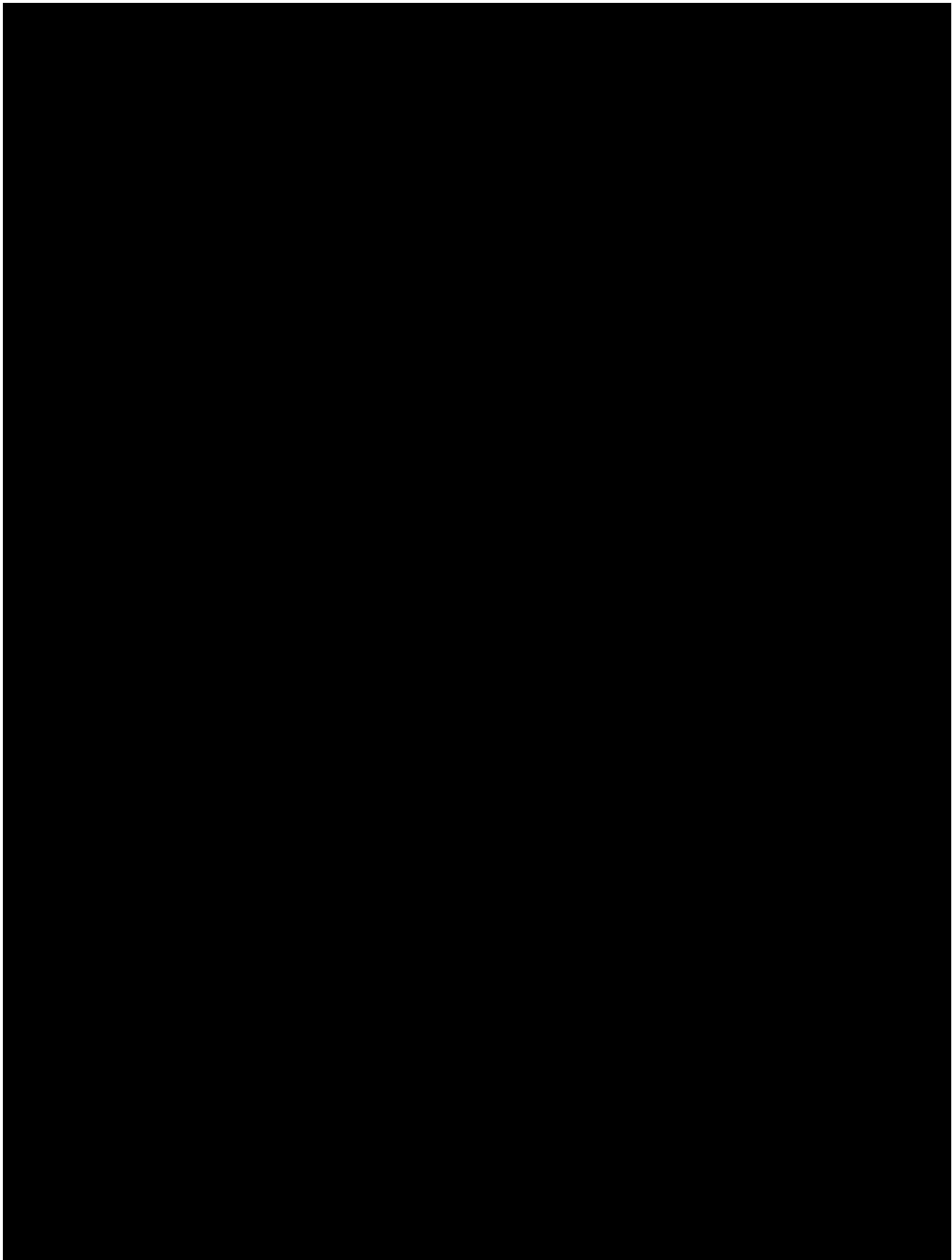


EXHIBIT L

ENCLOSURE 2

CERTIFICATE OF VITAL RECORD			
VERIFY PRESENCE OF WATERMARK		HOLD TO LIGHT TO VIEW	
3948042 [REDACTED]			
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS			
[REDACTED] - CERTIFICATE OF FOREIGN BIRTH			
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS			
STATE BIRTH NUMBER 145-FB- 012012			
1. FULL NAME OF CHILD (first)	(middle)	(last)	2. SEX OF CHILD
Baby L	Baby L	Baby L	Minor Child Sex
3. DATE OF BIRTH			
DOB			
4. PLACE OF BIRTH			
UNKNOWN			
5. FULL MAIDEN NAME OF MOTHER	[REDACTED]		
6. BIRTHPLACE OF MOTHER	[REDACTED]		
7. DATE OF BIRTH OF MOTHER	DOE 2 Date of Birth		
8. FULL NAME OF FATHER	[REDACTED]		
9. BIRTHPLACE OF FATHER	[REDACTED]		
10. DATE OF BIRTH OF FATHER	DOE 1 Date of Birth		
11. ADDRESS OF PARENTS (Street Address or Route No.)	(City or Town)	(State)	(Zip Code)
Minor Child Address	Minor Child Home Town	[REDACTED]	Minor Child Zip
Data shown above based on evidence presented to the <u>Home County</u>			
Circuit Court, dated <u>NOVEMBER 10, 2019</u>			
THIS CERTIFICATE IS NOT EVIDENCE OF UNITED STATES CITIZENSHIP FOR THE CHILD OR PARENTS NAMED ABOVE.			
I hereby certify that this certificate is filed under provisions of [REDACTED], 1950 [REDACTED] as Amended.			
STATE REGISTRAR	[REDACTED]	DATE RECORD FILED	NOVEMBER 10, 2019
This is to certify that this is a true and correct reproduction or abstract of the official record filed with the [REDACTED] Department Of Health, [REDACTED], [REDACTED]			
DATE ISSUED NOVEMBER 10, 2019 [REDACTED] State Registrar			
Do not accept unless on security paper with the seal of [REDACTED] Department of Health, Vital Statistics in the lower left hand corner. [REDACTED]			
Section 32.1-272, Code of [REDACTED] as amended.			

EXHIBIT L

		OMB No. 0704-0415 OMB approval expires Jan 31, 2017	
Please read Agency Disclosure Notice, Privacy Act Statement, and Instructions prior to completing this form.			
SECTION I - SPONSOR/EMPLOYEE INFORMATION			
SECTION II - SPONSOR/EMPLOYEE DECLARATION AND REMARKS			
21. REMARKS (Cite legal documentation, as applicable.) I understand that the action of making this request is audited and electronically signed using my DoD Self-Service Logon (DS Logon). THIS COPY IS PRINTED FOR INFORMATIONAL PURPOSES ONLY AND MAY NOT BE USED FOR ID CARD ISSUANCE.			NOTARY SIGNATURE AND SEAL
I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge. (If not signed in the presence of the authorizing/verifying official, the signature must be notarized)			
22. SPONSOR/EMPLOYEE SIGNATURE			23. DATE SIGNED (YYYYMMDD) 2019NOV14
SECTION III - AUTHORIZED BY			
24. SPONSORING OFFICE NAME			25. CONTRACT NUMBER
26. SPONSORING OFFICE ADDRESS (Street, City, State, ZIP Code)		27. SPONSORING OFFICE TELEPHONE NUMBER (Include Area Code/DSN)	28. OFFICE EMAIL ADDRESS
29. OVERSEAS ASSIGNMENT (Country)			
30. OVERSEAS ASSIGNMENT BEGIN DATE (YYYYMMDD)	31. OVERSEAS ASSIGNMENT END DATE (YYYYMMDD)	32. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD)	33. ELIGIBILITY EXPIRATION DATE (YYYYMMDD)
I certify the individual identified above, based on personal knowledge and available documentation, is in a status eligible for and requires an identification card in the performance of their duties with the DoD or Uniformed Services.			
34. SPONSORING OFFICIAL NAME (Last, First, Middle)		35. UNIT/ORGANIZATION NAME	
36. TITLE	37. PAY GRADE	38. SIGNATURE	39. DATE VERIFIED (YYYYMMDD)
SECTION IV - VERIFIED BY			
40. VERIFYING OFFICIAL NAME (Last, First, Middle Initial)	41. SITE IDENTIFICATION	42. TELEPHONE NUMBER (Include Area Code/DSN)	43. SIGNATURE
AND NO OTHERS			
63. CURRENT HOME ADDRESS		64. PRIMARY E-MAIL ADDRESS	65. TELEPHONE NUMBER (Include Area Code/DSN)
66. CITY	67. STATE	68. ZIP CODE	69. COUNTRY
70. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD)	71. ELIGIBILITY EXPIRATION DATE (YYYYMMDD)		
SECTION VI - RECEIPT			
72. SIGNATURE			73. DATE ISSUED (YYYYMMDD)



ELIG

DEPARTMENT OF DEFENSE
MANPOWER DATA CENTER
400 GIGLING ROAD
SEASIDE, CALIFORNIA 93955-6771

Dec 14, 2019

Thank you for your inquiry to the Defense Manpower Data Center (DMDC) Support Office regarding eligibility for [REDACTED] (formerly known as [REDACTED]) administered programs including [REDACTED], and/or medical care at military treatment facilities (known as Direct Care). [REDACTED]

[REDACTED] If you are an active duty Service member, you are eligible for Direct Care only, unless you are enrolled in [REDACTED] Prime or [REDACTED] Prime Remote.

[REDACTED]

This letter may be used as proof of current eligibility under a [REDACTED] administered program. Any change in the sponsor's status or the family member's status/relationship to the sponsor could impact medical benefits. In that case, the information in this letter may no longer be valid.

For questions related to deductibles, coverage, or claims, please contact your [REDACTED] regional contractor. For information regarding medical care while traveling overseas, visit [REDACTED] or contact the [REDACTED] Overseas Service Line at [REDACTED]

For further assistance, visit our Web site at <http://milconnect.dmdc.mil> or contact the DMDC Support Office at (800) 538-9552. Our hours of operation are 5:00 a.m. to 5:00 p.m. (Pacific Time) Monday through Friday.

Sincerely,

[REDACTED]

Chief, Beneficiary Services Branch

EXHIBIT L

ENCLOSURE 3

Medical, Dental and Pharmacy ?

Review this information to verify your current coverage and [REDACTED] if any.

Family Members

DOE 1
Baby L

Coverages for Baby L.

Medical Coverage

Dental Coverage

Pharmacy Coverage

Current

Coverage:

[REDACTED]

Coverage End Date: No projected end date exists for the next 6 months.

Coverage End Reason: N/A

Primary Care Manager:

Doctor

Contact Number:

[REDACTED] Status: Current

[REDACTED] End Date: No projected end date exists for the next 6 months.

[REDACTED] End Reason: N/A

Provider Type: Civilian network

[REDACTED] Region: 23

Related Links

Manage your enrollment:

[REDACTED]

Contact your provider:

[REDACTED]

EXHIBIT L

ENCLOSURE 4

RECEIVED

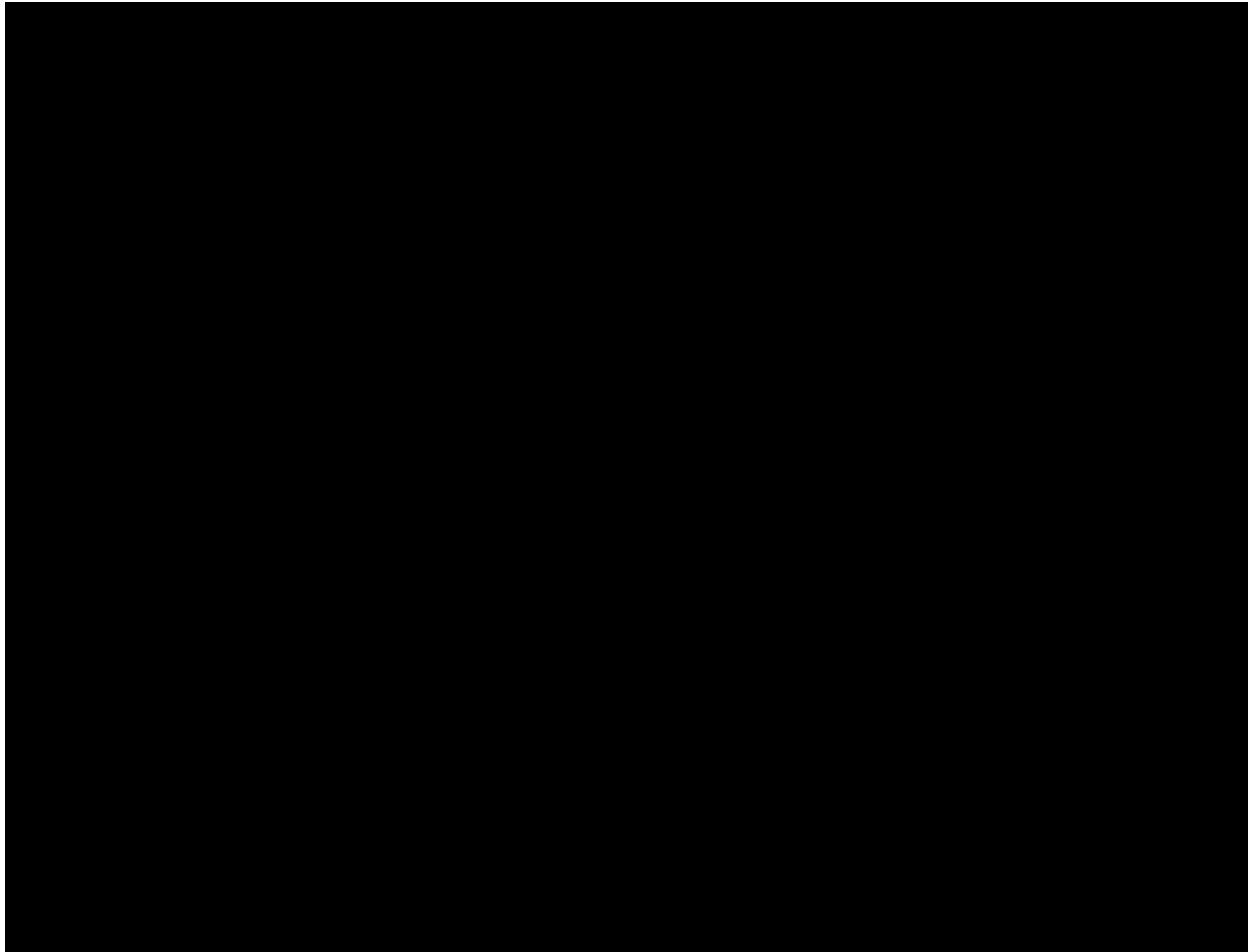


EXHIBIT L

ENCLOSURE 6